

Review of compliance

The Fremantle Trust Dell Field Court	
Region:	London
Location address:	1 Etchingam Park Finchley London N3 2DY
Type of service:	Care home services without nursing
Publication date:	June 2011
Overview of the service:	<p>Dell Field Court is a care home registered to provide accommodation for 40 residents who require personal care. It is a large detached three-storey building, which is purpose built and organised on three levels, with lift access to all floors. It is divided into five units or “houses”. One unit is dedicated to adults with learning disabilities, one unit is dedicated to rehabilitation support and one unit is dedicated to Asian residents. The remaining two units provide a mainstream service for elderly persons and persons with dementia.</p>

	<p>There is a kitchen, lounge and dining area in each unit. All bedrooms are single rooms, with en-suite facilities and there is an assisted bathroom on each floor. There is a small car park at the front of the building in addition to parking in the road outside the care home, and a garden at the rear of the building. The home is situated off Ballards Lane and is close to shops and main transport routes.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Dell Field Court was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on the 18th and 20th April 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

People using the service expressed satisfaction with the service and told us that "It's friendly, it's very nice here" and that "I'm very happy here". They said that their visitors were made welcome when visiting the care home and they could entertain visitors in the privacy of their own room. People confirmed that when assistance with personal care was given their dignity and privacy was respected. They told us they were encouraged to be as independent as possible and to make decisions about how they spend their time. "You can join in the activities, if you want to". People living in the rehabilitation unit were pleased with the progress they were making and with the equipment in use to help them regain their mobility and independence. "The handle on the frame of the bed helps me to get to a sitting position".

Respect for religious and cultural needs was appreciated by people using the service. "We have Bhajans and then we have exercises". People told us that they could make decisions and said "They let me choose".

People told us that suggestions that they have made have been put into practice. They gave the recently established fortnightly film club as an example. People told us that card games, singing and painting were some of the activities taking place. Although most people who use the service were pleased with the activities that were arranged, one person said that they were bored. "There's nothing to do. That's why I am here (in their room)".

Staff talked to people using the service and explained what they wanted to do before providing care. They were aware of the need to obtain consent and of the person's right to refuse. Strategies were in place to gain consent in a manner that respected the dignity of the person using the service. People who used the service told us "You know what's going on" and "You know what they are doing".

Although when speaking with people they were often unaware of their care or support plan they were satisfied with the care received and with the assistance given to enable them to maintain a healthy lifestyle. "They give me the help I need and want".

When asked about the meals provided people told us

"The majority of the food is very nice. There is usually a choice of two main meals and a roast dinner on Sundays".

"The meals are lovely. The cook is good. There is a good variety".

They confirmed that "if you don't like it they offer something else". They agreed that portion sizes were good and said "You can have more if you want it".

They told us that they were encouraged to drink plenty of fluids when the weather was hot.

People using the service told us that support is given so that they can access health care services within the community and that when they are ill "the office will call the GP for you". A person said "The OT and physiotherapist come to see me".

People told us that they felt safe living in the home and safe with the members of staff supporting them. Names were given of who they would speak to if they were worried about anything or if they were upset and these included the names of members of staff working on their unit e.g. the person's key worker or one of the managers. Comments included

"Yes, I am safe".

"I can talk to (name of member of staff given)".

People living in the home told us that the home was kept clean. They said that "It's always kept clean" and that cleanliness was a consistent feature of both communal and private areas. Cleaning of these areas took place during our visit. Praise was given when talking about the domestics and the laundry service.

"If something needs doing I will tell the domestic".

"There is a very good laundry service".

The personal hygiene of people who use the service was good and contributed towards their self esteem and they looked clean and tidy.

When asked about the medication that people who use the service were taking they commented

“I take a couple of pills, calcium, I asked what they were for and they told me”. However not everyone was aware of what the pills were for. Overall they were satisfied with receiving support and told us “I’m happy for them to bring me my pills. I’d never remember. They watch until I swallow them”.

People told us that there was a homely atmosphere in Dell Field Court and that the two resident cats helped to create this. They appreciated their single bedrooms that had en suite facilities.

“It’s good having your own room and your own bathroom. It saves having to share”. They were satisfied generally with their accommodation.

“I have a nice room with a good view from the window”.

They told us that the care home was “nice and warm” and said that their rooms were comfortable and sufficient in size.

“It’s one of the best Fremantle homes. It’s like a 5 star hotel”.

They confirmed that there was an ongoing maintenance programme and referred to painting, decorating and changing light bulbs.

People living in the Asian unit showed us the communal areas and bedrooms. Wall hangings, pictures, decorations and temples gave people an environment in which they felt comfortable and respected. People told us that members of staff were knowledgeable about their needs and there was a good rapport between members of staff and people using the service. They were comfortable in each others company and people told us that members of staff were competent and that “they know what they are doing”. Gujarati speaking people who use the service appreciated members of staff working in the Asian unit who spoke both Gujarati and English. Comments made about the staff team included

“They do everything you need”.

“The staff are very good”.

People told us that the members of staff were “polite and respectful”.

“The staff are very good. They are helpful, kind and caring”.

When asked whether there were sufficient carers on duty to meet their needs they told us “I think so” and “Yes, as far as I know”. They told us that at night

“The carers come quickly”.

The manager and an Asian resident greeted each other in Gujarati. Another resident said “she is the best manager”. People in all the units confirmed that the manager “is very nice. She comes around to see us”. People confirmed that they saw the manager when she visited the units, on a regular basis. She addressed people by name and was aware of any current concerns or problems that they might have. People told us that they were able to go to speak to someone if they had a matter that they wanted to discuss. Overall people were satisfied with the quality of the service provided and had not had cause to complain. They told us that

“I go to the residents’ meetings. They ask if there are any complaints and try to iron these out”.

“I’m always happy”.

What we found about the standards we reviewed and how well Dell Field Court was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use the service were able to exercise choice and take part in decision making. Maintaining independence was encouraged and the privacy and dignity of people using the service was respected. People praised the carers who gave them support and listened. Listening to people ensured that they were able to receive the care they wanted.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Consent was sought before care was provided. This ensured that the privacy and dignity of people using the service was respected.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Although not all people were aware of their care plan they were all satisfied with the care provided. They had an individual care plan that was based on a comprehensive assessment and which addressed the needs that had been identified. This ensured that people received a service tailored to their needs and that the manner in which it was provided took into account their likes and dislikes and preferences. Risk assessments did not always demonstrate that they reflected current needs. This meant that changes in peoples needs may not have been acted upon.

- Overall, we found that Dell Field Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 5: Food and drink should meet people's individual dietary needs

The nutritional, cultural and religious needs of people using the service were met through the provision of a varied, balanced and appropriate diet. This contributed towards their general health and well being and respected their individual needs.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

The service worked with and cooperated with other agencies and services and with social and health care professionals. This ensured continuity in the care provided and a coordinated response to meeting the needs of people using the service.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Safeguarding procedures, including a whistle blowing policy, were in place in the home to protect the welfare and well being of the people who use the service.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

A clean environment and good hygiene practices provided people living in the home with pleasant and safe surroundings.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

There were suitable arrangements for the administration of medication and there was a system of audit to ensure that people who use the service were protected. This ensured that people got their medication at the right time and in the prescribed dose.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Overall, a comfortably furnished and spacious care home with a choice of communal areas provided people who use the service with facilities where they could relax and socialise, or be private, if they wished. However, some of the furniture in communal areas did not always provide people who use the service with attractive looking seating.

- Overall, we found that Dell Field Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Equipment was available to help staff in providing care to the people who use the service. The equipment and systems used were in good working order. This ensured that people who use the service were not at risk of harm from unsafe or unsuitable equipment.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Recruitment practices ensured that the vetting of prospective members of staff kept people who use the service safe and provided them with support from competent carers.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The sufficiency of staffing levels was helped by members of staff working in a flexible manner. This ensured that teamwork provided the people using the service with continuity of care and meant that their health and welfare needs were met.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Monitoring care practices and supporting members of staff to acquire new skills and knowledge ensured that carers understood the needs of people using the service and were able to respond appropriately. Not all members of staff felt they were listened to.

- Overall, we found that Dell Field Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems were in place to assess and to monitor the quality of service provision, including obtaining feedback from people who use the service. Action plans are drawn up to address any shortfalls identified. This ensured that the needs and preferences of people who use the service were incorporated into planning the development of the service.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

A complaints procedure was in place to protect and promote the best interests of the people who use the service. When an action plan had been developed as a result of an investigation they had implemented the plan to ensure that all people who use the service benefit from improvements in future practices.

- Overall, we found that Dell Field Court was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Personal records of people who use the service were kept and were securely stored, thereby maintaining privacy. By maintaining confidentiality the privacy of the person using the service was respected.

- Overall, we found that Dell Field Court was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
They said that their visitors were made welcome when visiting the care home and that they could entertain visitors in the privacy of the person's own room. People confirmed that when assistance with personal care was given their dignity and privacy was respected. They told us that they were encouraged to be as independent as possible and to make decisions about how they spend their time. "They let me choose".
"You can join in the activities, if you want to".
"We have Bhajans and then we have exercises".

People who use the service had asked for a film club and this was now held on a fortnightly basis, accompanied by refreshments. Most people who use the service were pleased with the activities that were arranged. However one person said that they were bored.
"There's nothing to do. That's why I am here (in their room)".
People told us that they enjoyed playing cards and we saw card games taking place during the visit. A person told us about the paintings that they had done and said

that their family looked at these when visiting. When commenting about activities they told us
“I love singing”.

Other evidence

There were two copies of the Service User Guide in the entrance hall including one copy that had been translated into Gujarati so that information could be accessed by all of the residents. A daily religious observance, Bhajans, took place in the Asian unit enabling people to follow their religious beliefs. Diwali was celebrated in a nearby hall so that relatives and friends could be included. One of the carers told us that she helped Asian people living in the home to learn some English words and phrases and this was confirmed by an Asian person using the service.

Laminated posters were on display with details of entertainers who would visit the home during 2011. Bunting and Union Jack decorated hats had been purchased for the Royal Wedding celebrations and Easter bonnets were being made. Details of regular activities taking place during the week, including art classes, the gardening club, excises to music and gospel singing were on display. These demonstrated that an activities programme was in place in the home to provide people who use the service with stimulating and enjoyable opportunities.

Our judgement

People who use the service were able to exercise choice and take part in decision making. Maintaining independence was encouraged and the privacy and dignity of people using the service was respected. People praised the carers who gave them support and listened. Listening to people ensured that people were able to receive the care they wanted.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experience told us
Staff talked to people using the service and explained what they wanted to do before providing care. They were aware of the need to obtain consent and of the person’s right to refuse. Strategies were in place to gain consent in a manner that respected the dignity of the person using the service. People who used the service told us
“You know what’s going on”.
“You know what they are doing”.

Other evidence
Prior to our visit we received information from the service about how they were meeting this standard. They told us that at Dell Field Court they demonstrate that people are able to make decisions about whether or not to give consent, based on information they have on alternative options and benefits for their care/treatment and risks. They do this by multi-disciplinary review and planning meetings, person centred assessment and support planning and access to relevant health professionals and services. They also told us that, where necessary, referrals are made to the local authority according to deprivation of liberty safeguarding procedures.

Members of staff told us that they have to be “polite, gentle and calm” and have to try to encourage people if they initially refuse assistance. They told us that “interpersonal skills and understanding” were important. They recognised that if a person refused assistance the member of staff could try again later or that perhaps a different member of staff may be successful in encouraging the person to accept help.

Consent to rehabilitation forms had been signed and dated and were kept on the files of people living on this unit. Communications sheets recorded when consent was given by the person to a health care professional providing them with support.

Our judgement

Consent was sought before care was provided. This ensured that the privacy and dignity of people using the service was respected.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
When speaking with people they were often unaware of their care or support plan and did not have a copy of the plan.

However, people were satisfied with the care received and with the assistance given to enable people to maintain a healthy lifestyle.
“They give me the help I need and want”.

Other evidence
During the visit a sample of records relating to people who use the service were viewed. Each file contained a support plan with a comprehensive summary, detailing the way in which support was to be offered to the person and highlighting significant areas of risk. Wishes in respect of end of life care had been established. Where possible the person had signed and dated their support plan to acknowledge that they had seen it and agreed with the content. The plans were evaluated on a monthly basis and there was a record of changes made to the support plan. The Feedback Form file contained a comment from a local authority reviewing officer that they were “very impressed with the support plan”.

There were minutes of internal review meetings held and of review meetings convened by the local authority on file but there were instances where the manager

said that they were “waiting for the reviewing officer’s report”. The files also contained a record of health care interventions and risk assessments e.g. for falls and for manual handling. Not all risk assessments were dated and some risk assessments tailored to the individual needs of the person using the service were dated 2009. The needs of the person using the service may have changed since the assessments had been completed.

Our judgement

Although not all people were aware of their care plan they were all satisfied with the care provided. They had an individual care plan that was based on a comprehensive assessment and which addressed the needs that had been identified. This ensured that people received a service tailored to their needs and that the manner in which it was provided took into account their likes and dislikes and preferences. Risk assessments did not always demonstrate that they reflected current needs. This meant that changes in peoples needs may not have been acted upon.

An improvement action has been made in order to maintain compliance.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
When asked about the meals provided people told us
“The majority of the food is very nice. There is usually a choice of two main meals and a roast dinner on Sundays”.
“The meals are lovely. The cook is good. There is a good variety”.
They confirmed that “if you don’t like it they offer something else”. They agreed that portion sizes were good and said
“You can have more if you want it”.
They told us that they were encouraged to drink plenty of fluids when the weather was hot.

People said that during the residents’ meetings they were asked about the food served in the home and that if there were suggestions or complaints “they will make changes”. A suggestion about the breakfasts on the Asian unit was made during our visit and discussed with the manager who agreed to follow this up with the people on the unit.

During the serving of the midday meal people were able to exercise choice in what they ate and where they ate their meal. Some meals were taken to the person’s own room. An appetising meal was served and the dining area in which most people sat down to eat was comfortably and attractively furnished with linen table clothes, napkins and flowers on the table.

Other evidence

There were two kitchens within the home and food is prepared in a separate kitchen for Asian people living in the home by a Gujarati cook. During the visit we saw the meals that had been prepared by both kitchens. The meals served on the Asian unit were suitable for vegetarians and modifications were made so that there were meals suitable for Jains. Meals from both kitchens looked appetising, were varied and nutritional and were tailored to the individual needs of people using the service e.g. a choice of two dahls were served with one dahl that was not as spicy as the other one. Pureed meals were prepared for people with swallowing difficulties. We observed that alternative meals had been prepared for people that did not want the main meals on the menu that day. This gave people choice and they were able to eat the food that they wanted.

On display was a “5 Star Score on the Door” awarded by the local authority environmental health department for food hygiene standards.

Our judgement

The nutritional, cultural and religious needs of people using the service were met through the provision of a varied, balanced and appropriate diet. This contributed towards their general health and well being and respected their individual needs and wishes.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People using the service told us that support is given so that they can access health care services within the community. There are processes for cooperating with other providers and with members of the local authority when placements are made or reviewed and when complaints or safeguarding issues are being investigated.
“The OT (Occupational Therapist) and physiotherapist come to see me”.
“I see the district nurse. The office will call the GP for you”.

Other evidence
Prior to our visit we received information from the service about how they were meeting this standard. They gave us examples of transfers to and discharges from hospital, strategy meetings and intermediate care meetings as instances where multi-agency working ensured good outcomes for people using the service. They also told us that when people who live at Dell Field Court transfer to another care setting full and inclusive records are shared with other professionals and agencies, including risk assessments and contact details,

One of the units in the care home provided a rehabilitation service to people who are referred to the care home by the Tracker Nurse in Barnet or the Royal Free Hospitals. During the visit we saw physiotherapists and occupational therapists working in partnership with the members of staff who work in the home. Staff told us that they follow through with any exercises set by the physiotherapists by

encouraging people who use the service to work at their individual exercise programmes. Weekly multi disciplinary meetings are held to review the progress of individual persons using this service.

Case files for a sample of people living in the home contained records of appointments with health care professionals in the community, which had been made on their behalf. An escort was provided, if needed, when a person had an appointment at an outpatient clinic. During the preadmission process information was requested to ensure a smooth transition and when the local authority convened review meetings this has been facilitated by the provision of a suitable venue within the care home.

Our judgement

The service worked with and cooperated with other agencies and services and with social and health care professionals. This ensured continuity in the care provided and a coordinated response to meeting the needs of people using the service.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they felt safe living in the home and safe with the members of staff supporting them. Names were given of who they would speak to if they were worried about anything or if they were upset and these included the names of members of staff working on their unit e.g. the person’s key worker or one of the managers. Comments included
“Yes, I am safe”.
“I can talk to (name of member of staff given)”.

Although there have been no recent safe guarding notifications the care home has previously cooperated in carrying out investigations, when requested, and implementing action plans arising from strategy meetings. This ensured that people who use the service benefit from improvements being made to the care and how it is provided to them.

Other evidence
The home had a copy of the local authority interagency guidelines in the event of abuse for reference by members of staff. Members of staff confirmed that they had received training in safeguarding of vulnerable adults procedures, both during their induction and as refresher training, which formed part of the mandatory training programme. They were able to describe their responsibilities in the event of a

disclosure being made and said that they would be confident to use the whistle blowing procedure, if the need arose. A member of staff referred to the need to “record and report”.

Our judgement

Safeguarding procedures, including a whistle blowing policy, were in place in the home to protect the welfare and well being of the people who use the service.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People living in the home told us that the home was kept clean. They said that “It’s always kept clean” and that cleanliness was a consistent feature of both communal and private areas. Cleaning of these areas took place during our visit. Praise was given when talking about the domestics and the laundry service. “If something needs doing I will tell the domestic”.
“There is a very good laundry service”.
The personal hygiene of people who use the service was good and contributed towards their self esteem and they looked clean and tidy.

Other evidence
Prior to our visit we received information from the service about how they were meeting this standard. They told us that Dell Field Court has policies and procedures in place and a risk assessment that is updated annually. They also said that the home has a cleaning schedule that is appropriate for the type of service and level of risks of infection.

During the visit we carried out a tour of the premises. All areas seen were clean and tidy and free from offensive odours. Domestics were on duty and were cleaning private and communal areas. Carers confirmed that protective clothing e.g. disposable gloves and aprons were provided and pocket hand cleansing gel dispensers were provided. Hand cleansing gel was available in the entrance hall, for use by visitors, and an information notice accompanied this. Carers confirmed that they had received training in respect of infection control procedures.

The manager said that a domestic washing machine had been purchased, in addition to the existing commercial ones, so that people with sensitivity to certain detergents could receive a personal service,

Our judgement

A clean environment and good hygiene practices provided people living in the home with pleasant and safe surroundings.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

When asked about the medication that people who use the service were taking they commented

“I take a couple of pills, calcium, I asked what they were for and they told me”.

“I take pills. I don’t know what they are for”.

“I’m happy for them to bring me my pills. I’d never remember. They watch until I swallow them”.

Other evidence

We were told that a senior member of staff provided assistance with medication in one of the units as there is only one carer on duty in this unit during the day and the person administering medication does this on a “protected” basis i.e. they must not be disturbed. Records of the administration of medication were checked and no gaps were seen. Medication was stored safely and securely and there was an air conditioning unit in the medication room that kept the temperature of the room within recommended guidelines. A monitored dosage system was in place and the blisters that had been “popped” corresponded with the day and the time that they were seen. Self medication was subject to a risk assessment that was agreed by the GP. Records were kept of medication being received into the home and being disposed of. Where controlled drugs were in use there were policies and procedures in place that were being adhered to and the balances recorded matched the balances of

medication being stored. Members of staff confirmed that they had received medication training.

Our judgement

There were suitable arrangements for the administration of medication and there was a system of audit to ensure that people who use the service were protected. This ensured that people got their medication at the right time and in the prescribed dose.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People told us that there was a homely atmosphere in Dell Field Court and that the two resident cats helped to create this. They appreciated their single bedrooms that had en suite facilities.
“It’s good having your own room and your own bathroom. It saves having to share”.
They were satisfied generally with their accommodation.
“I have a nice room with a good view from the window”.
They told us that the care home was “nice and warm” and said that their rooms were comfortable and sufficient in size.
“It’s one of the best Fremantle homes. It’s like a 5 star hotel”.
They confirmed that there was an ongoing maintenance programme and referred to painting, decorating and changing light bulbs.

People living in the Asian unit showed us the communal areas and bedrooms. Wall hangings, pictures, decorations and temples gave people an environment in which they felt comfortable and respected.

Other evidence
Prior to our visit a complaint had been received regarding an en suite bedroom on the second floor. The complainant said that there was fungal growth in the en suite that was causing an unpleasant odour. The manager informed us that this problem had been noted and referred to the company responsible for the maintenance of the property. A number of en suites were being upgraded and work had already been

completed in six of these.

During the visit a tour of the premises took place. The overall upkeep and appearance of the building and of the fixtures and fittings was good. However, we observed that some of the comfortable chairs and some of the dining chairs were stained and the fabric was worn. There was level access to a pleasant garden at the rear of the property where residents could walk or sit and relax. A copy of a valid Employer's Public Liability Insurance certificate was on display in the home. The minutes of the service users and relatives meeting confirmed that people are asked to report anything in the care home that is in need of repair.

Our judgement

Overall, a comfortably furnished and spacious care home with a choice of communal areas provided people who use the service with facilities where they could relax and socialise, or be private, if they wished. However, some of the furniture in communal areas did not always provide people who use the service with attractive looking seating.

An improvement action has been made in order to maintain compliance.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
Although most people did not comment about the equipment in use in the home others said that the equipment in their bedrooms was in good working order. Members of staff who used equipment to help them provide care were satisfied that the right equipment was available and that it was kept in a good state of repair and that servicing was carried out at the recommended intervals”
.
People living in the rehabilitation unit were pleased with the progress they were making and with the equipment in use to help them regain their mobility and independence.
“The handle on the frame of the bed helps me to get to a sitting position”.

Other evidence
Members of staff told us that the equipment in use in the home was in a good condition and that it was serviced at regular six monthly intervals. They confirmed that training was provided in the use of pieces of equipment e.g. hoists and confirmed that they received manual handling training on an annual basis.

We were given the date of the last inspection/servicing of the equipment and systems in place in the home. These confirmed that inspection/servicing took place

at the recommended intervals to ensure the safety of persons in the building.

Our judgement

Equipment was available to help staff in providing care to the people who use the service. The equipment and systems used were in good working order. This ensured that people who use the service were not at risk of harm from unsafe or unsuitable equipment.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People told us that members of staff were knowledgeable about their needs and there was a good rapport between members of staff and people using the service. They were comfortable in each others company and people told us that members of staff were competent and that “they know what they are doing”. Gujarati speaking people who use the service appreciated members of staff working in the Asian unit who spoke both Gujarati and English. Comments made about the staff team included
“They do everything you need”.
“The staff are very good”.

Recruitment records demonstrated that staff were fit to do the job and had the necessary skills and experience to understand and respond to the needs of people using the service.

Other evidence
A sample of staff records was viewed. Each file contained an application form, satisfactory references, evidence of an enhanced Criminal Records Bureau disclosure being obtained, a satisfactory health clearance, proof of identity, passport details and evidence that the right to reside and to work in the UK had been verified, where necessary. Monitoring of equal opportunities formed part of the employment process.

When speaking with members of staff they confirmed that they had taken part in a recruitment process that included completion of an application form and an interview. They also confirmed that documents were requested and checks carried out before they began working in the home. When talking about their individual roles they demonstrated a knowledge and understanding of the individual needs of the people using the service.

Our judgement

Recruitment practices ensured that the vetting of prospective members of staff kept people who use the service safe and provided them with support from competent carers.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us that the members of staff were “polite and respectful”.
“The staff are very good. They are helpful, kind and caring”.
When asked whether there were sufficient carers on duty to meet their needs they told us “I think so” and “Yes, as far as I know”. They told us that at night
“The carers come quickly”.

The manager and an Asian resident greeted each other in Gujarati. Another resident said “she is the best manager”. People in all the units confirmed that the manager “is very nice. She comes around to see us”.

Other evidence
Staffing levels were flexible in that carers worked across 2 adjoining units on the ground floor as the two people in one of the units shared the lounge area with the people living in the other unit. The people in both units were of a similar age and their needs were compatible. During the visit a meeting took place that involved the senior carer from the rehabilitation unit so the staff in an adjoining unit provided cover. They told us that it was “a matter of teamwork”. The manager said that there were 20 hours in the budget for an activities coordinator and that recruitment is to take place.

When we spoke with members of staff some told us that there were sufficient

members of staff on duty to meet the needs of the people who use the service and to provide a safe service while others said “mostly” when asked about the sufficiency of staffing levels. .

Our judgement

The sufficiency of staffing levels was helped by members of staff working in a flexible manner. This ensured that teamwork provided the people using the service with continuity of care and meant that their health and welfare needs were met.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
On this occasion we did not speak to people about this outcome group.

Other evidence
Members of staff said that support consisted of individual 1 to 1 meetings with their line manager, which were held on a monthly basis. They said that during the 1 to 1 meetings their training needs were reviewed. They told us that staff meetings were held on a monthly basis and that annual appraisals took place. They said that the appraisals were “due soon”. They told us that the support from managers was “good”. Their comments included
“The managers are approachable”.
“They have a helpful approach”.
When members of staff were asked whether they felt that they were listened and their opinions valued by their managers some said “yes” and some said “no”.

The company provides a comprehensive training package that includes induction training, mandatory training (which is refreshed at regular intervals) and training to enable staff to meet the particular needs of people using the service. Members of staff are encouraged and supported to undertake NVQ training and we were told that 73.5% of carers have achieved an NVQ level 2 or 3 qualification. Members of staff that we spoke with confirmed that they had an NVQ qualification. Although staff told us that training opportunities were good some staff said that they would appreciate more opportunities for promotion. A copy of the training matrix was

supplied to us.

Our judgement

Monitoring care practices and supporting members of staff to acquire new skills and knowledge ensured that carers understood the needs of people using the service and were able to respond appropriately. Not all members of staff felt they were listened to or that their opinions were valued.

An improvement action has been made in order to maintain compliance.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People confirmed that they saw the manager when she visited the units, on a regular basis. She addressed people by name and was aware of any current concerns or problems that they might have. The door to her office was open when she was available. The door to the duty officer's room was also open when confidential matters were not being discussed. People told us that they were able to go to speak to someone if they had a matter that they wanted to discuss.

Information arising from quality audits was shared in residents' meetings. Overall people were satisfied with the quality of the service provided and had not had cause to complain. They told us that

"They ask us about the food at the residents' meeting".

"I go to the residents' meetings. They ask if there are any complaints and try to iron these out".

"I'm always happy".

Other evidence

Copies of quality audits carried out were made available. Monthly quality audits were themed inspections and the reports up to March 2011 were seen. Themes had included the environment and service user accounts and monies. The audit in March had identified the numbers of staff who were now due to receive refresher

training in safe working practice topics and the manager said that this information had fed into the training programme.

Copies of the minutes of the most recent residents' meetings that had taken place were made available to us. Other methods of feedback included the use of quality assurance questionnaires and information gathered from these is incorporated into the service plan for the following year. The provider holds Investors in People status and ISO 9001, which is a quality standard for organisations in respect of how well their policies and procedures are implemented. As part of this review and as a means of demonstrating compliance the manager has completed Outcomes 2, 6, 8 and 21 of the Providers Compliance Assessment and forwarded these to the Care Quality Commission.

Our judgement

Systems were in place to assess and to monitor the quality of service provision, including obtaining feedback from people who use the service. Action plans are drawn up to address any shortfalls identified. This ensured that the needs and preferences of people who use the service were incorporated into planning the development of the service.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
Overall people who use the service were satisfied with the service received and the quality of the care. A person said “Everything has been fine”. They told us that they knew about the complaints procedure and would be confident to make a complaint if the need arose. They knew who they would speak to but most people said that there had not been any need to make a complaint.
“If I have something to say I would say it”.
They told us that that saw the manager “quite a bit” and that residents meetings were held.
“We talk about complaints at residents’ meetings and they try to iron them out”.
People said that complaints were listened to and matters resolved.
“They put things right. They do their best”.

Other evidence
A complaints procedure was in place and information about the procedure was on display in the home. The procedure included timescales for each stage of the process. The complaints records were viewed. They demonstrated that complaints were investigated and that the outcome of the investigation was relayed to the complainant.
The minutes of the last service users and relatives meeting held recorded that all

those present confirmed that they were aware of the complaints procedure. A person using the service confirmed that they were asked during the regular residents' meetings if there was anything that they were not happy with. We observed that when the manager met and greeted people using the service as she visited the units she gave people an opportunity to raise any matters of concern. Members of staff confirmed that they were aware of the complaints procedure and that they would refer any complaints or complainants "to the office". A senior carer told us that a copy of the complaints procedure formed part of the welcome pack that was kept in a folder in each person's bedroom.

Our judgement

A complaints procedure was in place to protect and promote the best interests of the people who use the service. When an action plan had been developed as a result of an investigation they had implemented the plan to ensure that all people who use the service benefit from improvements in future practices.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
On this occasion we did not speak to people about this outcome group.

Records were kept in secure facilities throughout the home. Members of staff told us that access to information was on a “need to know” basis and they were aware of the need for confidentiality. Generally the standard of record keeping in the home was good.

Other evidence

Prior to our visit we received information from the service about how they were meeting this standard. They told us that the Fremantle Trust meets the requirements of ISO9001:2008 with respect to policies, procedures and records. They said that they have appropriate arrangements in place to ensure security and confidentiality of records and policies in respect of the retention of records, confidentiality of records and access to records.

Records were kept in respect of people living in the home, staff working in the home and there were those needed to ensure the smooth running of the home e.g. maintenance records and staff rotas. Staff told us that records were kept “under

lock and key". Staff confirmed that they had access to necessary records e.g. care plans and spoke about the need for confidentiality so that information was kept private.

Our judgement

Personal records of people who use the service were kept and were securely stored, thereby maintaining privacy. By maintaining confidentiality the privacy of the person using the service was respected.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	9	4 : Care and welfare of people who use services
	<p>Why we have concerns: Although not all people were aware of their care plan they were all satisfied with the care provided. They had an individual care plan that was based on a comprehensive assessment and which addressed the needs that had been identified. This ensured that people received a service tailored to their needs and that the manner in which it was provided took into account their likes and dislikes and preferences. Risk assessments did not always demonstrate that they reflected current needs. This meant that changes in peoples needs may not have been acted upon. An improvement action has been made in order to maintain compliance.</p>	
Accommodation for persons who require nursing or personal care	15	10 : Safety and suitability of premises
	<p>Why we have concerns: Overall, a comfortably furnished and spacious care home with a choice of communal areas provided people who use the service with facilities where they could relax and socialise, or be private, if they wished. However, some of the furniture in communal areas did not always provide people who use the service with attractive looking seating. An improvement action has been made in order to maintain compliance.</p>	
Accommodation for persons	23	14 : Supporting workers

<p>who require nursing or personal care</p>	<p>Why we have concerns: Monitoring care practices and supporting members of staff to acquire new skills and knowledge ensured that carers understood the needs of people using the service and were able to respond appropriately. Not all members of staff felt they were listened to or that their opinions were valued. An improvement action has been made in order to maintain compliance.</p>
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These

enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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